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THE INSANE,

AND THE

# Wisconsin System for their Care.

BY

Hon. H. H. GILES,

*Of the Wisconsin State Board of Charities and Reform.*

*Published by authority of the State Board of Charities and Reform.*



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## THE INSANE, AND THE WISCONSIN SYSTEM FOR THEIR CARE.

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By H. H. GILES,

*Member of the State Board of Charities and Reform.*

In former times the insane were supposed to be possessed by demons, and insanity was attributed to the agency of the devil.

The Pilgrim fathers entertained this opinion, and doubtless gained the idea from the Bible. Cotton Mather, in his life of Wm. Thompson, wrote: "Satan, who had been after an extraordinary manner irritated by the evangelistic labors of this holy man, obtained the liberty to *sift* him and hence after this worthy man had served the Lord Jesus Christ in the church of New English Braintree, he fell into the *Balneum diabolis* (bath for devils), black melancholy, which for diverse years almost disabled him from the exercise of his ministry."

And yet Cotton Mather, dimly at least, saw the connection between a deranged mind and a diseased body. "Since," said he, "there is no experienced minister who hath not, in the care of tempted souls, had this experience; that the ill cases of their distempered bodies are the frequent and original of their temptations." "There are many men who, in the very constitution of their *bodies* do afford a bed, wherein busy and bloody devils have a sort of lodging provided for them; the mass of blood in them is disordered with some fiery acid and their brains or bowels have some *juices* or *ferments* or vapors about them which are most unhappy engines for devils to work upon their souls withall."

Again he said: "The vitiated humors in many persons yield the *steam* wherein Satan does insinuate himself;" and finally, "these are among the unsearchable judgments of God."

## EARLY HISTORY.

The history of insane hospitals and of the care of the insane affords an illustration of the growth of intelligence and the humane sentiment.

The erection of hospitals or asylums for the exclusive reception of those afflicted with mental diseases belongs exclusively to modern times. The earliest establishments for the care of those deprived of right reason were in the strictest sense *mad-houses* and bedlams. In these, not reason, but absurdity had its free abode among overseers and protectors of the poor patients. At first such institutions were appendages of jails and prisons, then of poor houses, and were merely places of detention and confinement for the safe keeping of the insane, whom the keeper regarded as he would a community of mad-dogs. Several such structures in connection with poor houses yet remain in our own state. They usually had a small yard called an airing court with a high board fence. "The rooms were strongly built with heavy latticed doors with strong bars. These rooms were sometimes called cages and the buildings jails, where for months at a time, especially in winter, the poor lunatics were confined."

## BUILDING OF ASYLUMS.

The first establishment for the exclusive care of the insane, of which I find any record, was built in London, in 1751, and called St. Luke's Hospital, but no other was established for a long time or until the Christian compassion of a Quaker created one at York. "The influence of this blessed boon," writes Zellar, a German writer: "was felt far and wide;" supported by the clear and humane views of the treatment of insanity diffused by Willis, and the deep sympathy of the English people in the mental derangement of their unfortunate king, George the III.

France, who in her zeal for liberty, and with glory and justice, would break all the fetters of humanity and restore the diseased members of the state to honor and reputation, found in the great Pinel and Esquirol the men she needed

to create and introduce a better method of dealing with the insane.

All honor to the name of Philippe Pinel, who was born in St. Andre, in France, October 26th, 1726. He studied medicine and made a specialty of mental alienation, and was made chief physician to the Bicetre, a Paris hospital for old people and incurable lunatics. He gained for himself a name and undying fame by his reformation of the old barbarous methods of treating the insane.

It is said that the physicians brought up under the old methods were not ashamed to offer a vigorous resistance or opposition to his philanthropic opinions, but he succeeded in thoroughly establishing their correctness and his system in a few years prevailed throughout Europe. The importance of his work seemed to warrant this brief digression.

The first insane hospital built in the United States was at Catonville, Maryland, in 1816, and called the Maryland Hospital for the Insane. In 1818 a private institution was built at Somerville, in Massachusetts, called the McLean Asylum for the Insane. From that time to 1840, but slow progress was made in starting asylums.

After that date considerable activity prevailed, so that in 1850 there were about thirty, including state and private institutions for the care of the insane.

After 1850, hospitals and asylums multiplied rapidly, so that in 1880 there were ninety-five that contained an insane population of over one hundred each, with about forty more, principally belonging to counties, cities and private corporations that contained less than one hundred each. Sixty-one of the whole number were state institutions.

These one hundred and forty institutions contained, in 1880, an insane population of 40,945.

#### HISTORICAL AND CRITICAL.

In 1844, a new departure was witnessed, or rather a movement began, that promised most beneficial results.

October 16th of that year, a number of the medical superintendents of asylums met in Philadelphia, and organ-



ized the "Association of Medical Superintendents of American Institutions for the Insane."

The work of this Association in shaping legislation on insanity, and the adoption of plans for buildings for the care of the insane, together with rules for their care, has been so important as to demand here a somewhat extended notice.

From the date of its first organization the "Association" held its annual meetings at which papers were read, and topics relating to insanity were discussed, and its proceedings were published in the "Journal of Insanity."

Its roll of membership has contained many illustrious names, such as Woodward, Ray, Kirkbide, and others who have made valuable additions to our knowledge of the pathology of insanity.

Many questions relating to the care and treatment of the insane were discussed learnedly, and quite exhaustively.

In 1851, it adopted a code of twenty-six rules or propositions that should govern the location, construction, and management, of hospitals or asylums for the insane.

In 1850, there had been published a translation from a German writer named Zeller, of a work on "Houses and institutions for the insane." Among other subjects, the writer treated of the peculiar apparatus for an institution for the insane.

He enumerated restraining chairs, overcoats, shirts, gloves, girdles, spring strap, bed girts, wire-masks and the Autenruthan mask. The wire mask was to be used on spitting patients, and the Autenruthan mask was a leather-cushioned mask which made screaming nearly impossible without rendering the breathing very difficult.

All the above instruments were in use in nearly all American asylums up to a recent date.

Most of the different instruments above mentioned are now looked upon as means of torture and the tendency of the age is the discontinuance of all mechanical restraints. The same writer also said that all correctional means should bear more or less of a medical or thereapeutical character, (strictly speaking, he said there were no correctional means).

Therefore he said we direct the most reasonable mode, not excepting the most extended douche bath — the deprivation of nourishment and the like. This and strangulation by drowning were practiced in Wisconsin up to a few years ago, and for aught I know, may be done now in some places, and it was regarded as a reasonable mode, and having a medical and thereapeutical effect.

Dr. John Allen, Superintendent of the Kentucky asylum is recorded as saying: "As a means of positive punishment, nothing is equal to the cold bath, and as used in the douche bath or bath of surprise," etc.

The rules adopted by the Association in 1851, appear to have been modeled after the ideas of this German expert; and in effect they became the creed or platform of the Association, and quite all its subsequent declarations were framed in accord with them.

Except in one regard which I will mention, it has held to its early assertions with dogmatic persistency, and its members with some notable exceptions have faithfully combated any and all suggestions that looked to a departure from the pattern laid down in its 27 rules or propositions.

Among other declarations it said "the highest number that can with propriety be treated in one building is two hundred and fifty, while two hundred is a preferable maximum." A most sensible suggestion, and yet the Association never raised a protest against the enlargement of asylums to a capacity of five hundred and even one thousand, and eighteen hundred capacity met with no protest.

It advised a farm of not less than one hundred acres for an insane population of two hundred, less than one half the size required under the system of county care in Wisconsin, that every building for two hundred should have at least eight wards for each sex, that the pleasure grounds should where practicable be surrounded by a substantial wall so placed as not to be unpleasantly visible from the buildings.

Under a mistaken opinion of the curability of insanity, or of the ratio of cures to the number who become insane it advised the retention of the chronic class in institutions designed for the treatment of acute or new cases and when the

accumulated numbers had overcrowded the buildings, with a natural pride to be at the head of *large* institutions, its members advised enlargement by the erection of additional wings.

For nearly forty years this association held its grip upon the sympathy, the brain, and the purse of the American people.

It encouraged the erection of mammoth structures for the reception of all classes of the insane and costing from \$1,000 to \$1,500 per capita for the accommodations provided, and from \$4 to \$8 per week per patient for their care; and during these years the alleged percentage of cures went from seventy-five per cent. in 1850, down to less than twenty per cent. in 1880.

They were all built upon the same general plan. When designed for five hundred patients, the central or administration building cost, as a rule, about one-third the total expense.

#### AMERICAN HOSPITALS.

A description of American asylums or hospitals can be briefly given for the reason that they are all, or nearly all, modeled after one general plan called the "Kirkbride plan," after their designer, Dr. Kirkbride, of Philadelphia.

The plan as presented by the Doctor, met the views of the "Association of Medical Superintendents of American Institutions for the Insane," and was really adopted by that Association, and has been more or less strictly followed for nearly forty years.

The plan provided for a central building used for administrative purposes, with longitudinal and transverse wings on each that might be extended almost indefinitely.

These wings were usually three stories in height, and the sexes were placed in opposite wings. Each floor of a wing comprised a "ward," and the ward consisted of a central hall or corridor running the length of the wing, with bed rooms on each side, and a day or sitting room.

In the more modern structures these central halls have a recess on one side extending to the outside to admit light, and usually these recesses have a bay window.

The "wards" have dining-rooms, bath-rooms, water-closets and strong-rooms in connection.

Each ward will accommodate from twenty to fifty patients, and are in charge of one or more attendants, and when crowded as is often the case, the sitting room is used as an associated dormitory.

Each new case when admitted is placed in or "on" one of these wards and given a room. The doors between the wards are kept locked, and also those communicating with the outside world, and all the windows are guarded with iron bars or screens, so that the ward becomes, in fact, a *prison*. Patients can be kept on the wards for months, and even years, without going outside the building at all. No patient can leave a ward except under the charge of an attendant.

There are, however, many exceptions to this rule in case of harmless patients who do work about the institution.

Into these "prisons" are crowded from five to fifteen hundred deranged men and women, from all classes and conditions of society, and affected with all classes and degrees of mental ailment. The educated and cultured are herded with the ignorant and debased, as though loss of mental balance, or impaired mental balance, leveled all distinctions.

However neat and tidy everything might be kept in the wards, the very atmosphere was laden with disease, and a pining, or fretful crowd of men or women, would besiege the visitor with the beseeching appeal: "I want to go home."

Is a patient violent, noisy or troublesome, the strong room or *crib bed* was an easy resource to avoid annoyance, or a hypodermic injection of morphine or hyosciamus would easily induce quiet.

In passing through these wards, I have often seen the physician take a syringe from his pocket and give the quieting dose to a patient, male or female, when I thought all that was wanted was a dish rag exercise, or that of the buck saw or garden hoe.

In most of the wards of our large hospitals, men and

women do little else than brood over their confinement and nourish their delusions.

We can perhaps, see why, on first being admitted into a hospital, the shock received might in some cases divert the mind from its delusion and start the brain toward recovery. Aside from this there is little to help a diseased mind, but on the other hand much to confirm the patient, in the reality of his or her imaginings. I think the insane, as a rule feel that this close confinement is an injustice, quite as keenly as would the sane.

Is it a matter of wonder, under such a course of treatment, that recoveries have decreased from an assumed ratio of seventy-five to eighty per cent. forty years ago to less than twenty per cent. at present. Is it not rather a matter of surprise that there are any recoveries.

We can conceive of hardly anything more inhuman than the "enlightened" management of American asylums has been in the past.

In what has been said I have pictured American asylums as they were up to a somewhat recent date.

I am, however, glad to record the gratifying fact that there has begun a *breaking up* of the old system of restraint. In our State Hospital, at Mendota, all mechanical restraints have been banished by Dr. Buckmaster, the superintendent. Hand-cuffs, manacles and crib beds are things of the past. In the Northern Hospital some improvements have been inaugurated, although crib beds and muffs yet remain. It is hoped that under the new management they will be consigned to the furnaces under the boilers.

In the Milwaukee Asylum, under Dr. Hare, all restraining apparatus has been done away with, and one ward on each side is open, and this institution never had a crib bed.

From what we can gather the improvement is general in the asylums of other states.

The last five years has witnessed great progress in this direction, and we confidently predict that within the next decade *all* our asylums and hospitals will have the complete "open door system," and instead of prisons all these will be

*homes* for the insane so far as is possible where so large a number are massed together.

Under the system as practiced there has been the liability to great abuses, indeed these abuses have been proven in numerous instances.

No matter how humane and conscientious a man the superintendent might be, a brutal attendant has abundant opportunity to gratify his savage instincts upon the helpless insane under his charge.

We have come to regard our large insane hospitals as merely places of detention, where society is protected from the insane and the insane from themselves and from each other. As curative institutions they have proved a lamentable failure; as custodial institutions merely they have proved very unsatisfactory. The great mass of the insane kept in them, if not on the descending scale, grow no better under their listless round of life.

#### CHANGE OF POLICY.

It will readily be seen that a system of state care of the insane, that had grown from a small beginning to be quite universally accepted as the best and only rational method of care for the most unfortunate class in society should have gained a strong hold upon the popular favor, and the public sympathy. Most of the states had built large hospitals and endowed and fostered them with unusual liberality; private benevolence, both living and posthumous, had showered upon them its favors, and no community was thought to have discharged its whole duty and obligation to the unfortunate insane until it had provided a magnificent building for their care.

But in the older states they soon became crowded to their utmost capacity and each year witnessed the enlargement of existing structures or the erection of new ones.

In this work of enlarging and building, the members of the Association of Medical Superintendents were the guiding and controlling spirits.

And why not? Were they not experts, and did they not in 1851 lay down the law, and for all these subsequent years

give their testimony, and were not their opinions infallible? Who shall presume to question our opinion, said they, upon a subject to which we have given years of study.

It was, however, a matter of notoriety, that in connection with this general current of public opinion, there was a strong under current of a very different character gradually developed in many states, and notably in Wisconsin.

Here, as well as elsewhere, the state hospitals were overcrowded, and any new case could only be received by removing an old one. The only place to which to remove it was to some county jail or poor house so that numbers were retained in the county jails and poor houses as the state was slow in enlarging the hospitals.

The condition of the insane in the county buildings, was in many cases most deplorable. In 1871, when the State Board of Charities was organized, public attention was first called to the saddening record of neglect and inhumanity that was being made in Wisconsin. In one poor house, five women were found literally in pens with no bed but loose straw. In another county, a woman was found in a dark cell in the cellar and food given her through a hole or wicket in the door. Raving maniacs were found in cells of jails where they had spent months. I might extend the record and make it still more sickening.

We charge no one with wanton or even conscious inhumanity towards the insane. Their custodians knew no better way. The man in charge of the five women told us that he was treating his wards with much more humanity than his predecessor had done. Sheriffs and overseers of poor houses, all joined with us in bettering the condition of the insane in poor houses, and most of those in jails were given a degree of liberty.

Notwithstanding the accommodations provided by the opening of the northern hospital in 1873, there were 338 insane in jails and poor houses in 1874, and the number was increased to 533 in 1880.

Under this condition of things there were but two questions to be solved, viz.: The question of common sense, and the question of humanity. "There were no questions of pro-

fessional skill, of expert science or the pride of dogmatic theory; with all these we had nothing whatever to do and therefore cut loose from them."

The evil must be remedied; and how shall these poor pitiable people, without reason to guide, without means to provide, and in most cases without friends to care for them, be relieved? It was not a question to be settled by the light of science, nor one that the theorist or expert could dispose of. The pressing want was relief from the cell, the dungeon, the straight-jacket, the chain and hand-cuff, cribbed beds, unfit and ill-ventilated quarters; to good quarters, wholesome food and kind treatment.

In doing this, while the highest dictates of humanity must be obeyed, a due regard to economy must be observed for the relief of burdened tax-payers.

Between 1865 and '70, some counties had improved the condition of their violent chronic insane, by erecting separate buildings and isolating them from the pauper population.

Several of these buildings yet remain. They were in some counties called "jails."

The erection of these inexpensive structures was hailed as an advance towards more humane methods of treating the insane.

The most pretentious "Asylum" was built in Dodge county, in 1870, and it is thus described in the first report of the State Board of Charities and Reform:

"There is a separate building for the insane, recently erected, several rods distant from the main building. There is no yard attached to the building for the insane, and no way of confinement except to shut up the inmates in cells. The cells appeared gloomy and uncomfortable."

It contained thirteen inmates, five males and eight females.

The comparison between this "asylum," and the ornate and commodious structure on the hill, just across the railroad, illustrates the contrast between *then* and *now*.

In the construction of these buildings the first requisite was strength, and then warmth. The violent and excitable



cases were kept in them continually like caged animals, which in a certain sense they were.

Many of them had straw only for a bed, and even that was not always changed daily. Some of them had but little clothing, and that as a rule was in rags.

I can but inadequately describe their condition. It sickened the heart to visit them, and yet to-day many of those same men and women are in our county asylums cleanly and nicely clothed, and some of them at work upon the farm or about the house.

When released from confinement, the violent and excited become calm and quiet, and the less the restraint imposed, the more quiet and easily managed they became.

It was also shown that most of the able-bodied could be induced to perform some kind of manual labor, and further, that occupation, of whatever kind, served to divert their minds from their delusions, and that improvement, both bodily and mental, at once began.

Scores of such cases were coming to our attention and under our notice, and were highly suggestive of greater possibilities. Perhaps after all the almost universally accepted tradition of "state care for all the insane" did not possess that sacredness that the Association had made the world believe, for we had the proof that common men and women, with good common sense and warm hearts for the unfortunate, could improve the mental and physical condition of some of the worst cases sent home from our hospitals. Inspired by what we saw and educated by what had been accomplished, we devised and formulated a law that should place the chronic insane, that could not be accommodated in our state hospitals, under county care with state supervision.

It took but a brief time for the new system to work its way to popular approval and favor.

#### ADVANTAGES OF THE COUNTY SYSTEM.

The law under which the county asylums for the chronic insane were organized, was passed in 1881, and was entitled,

"An act to provide for the humane care of the chronic insane, not otherwise provided for."

It in brief provided that such counties as provide for their own chronic insane, under such rules as the State Board of Charities should prescribe, on the properly verified certificate of said board to the Secretary of State, should receive the sum of \$1.50 per week for each person so cared for. The act made other provisions that were considered essential to secure the humane care of the insane.

It was under the provisions of this act that all the county asylums for the chronic insane, sixteen in number, have been built. The experience of six years has fully demonstrated the wisdom of the plan devised, and that it is most humane as well as economical.

Why is the system of county care more economical than that of state care?

Say the professionals, "you must nearly starve your patients, to be able to report an average weekly cost per capita of one dollar and seventy cents." A brief reference to the tables of expenses furnished by the two classes of institutions, readily indicates the answer.

In the State hospitals, the cost per patient for salaries and wages per year, is over fifty-three dollars, while in the county asylums, with no expensive corps of officers, the cost per patient is about twenty-five dollars.

In the matter of subsistence the expense in the state hospitals is over sixty-five dollars, while in the county asylums the inmates being almost all employed in some kind of productive labors, raising largely the food consumed, the expense is but twenty-eight dollars per capita per year.

But "you must feed them very stingily and clothe them very scantily or you could not get the cost down to eighty cents per week, in some counties, and between that sum and two dollars and ten cents in others, the average being but one dollar and seventy cents."

How they are fed and clothed, I will let another answer in the remarks, made by a gentleman, a physician of great intelligence, who had visited many of the great hospitals of this country and Europe.

Said he in my presence: "I was always in favor of small asylums, but I did not believe that you here could decently clothe, and feed your insane in a proper manner, at the price cost you report. I have now visited six of your asylums and have in each one, seen your people at their meals and am satisfied that the insane in your county asylums are better clothed and fed, than in any large hospitals in the world."

This is high testimony coming from the source it did. In justice to our State hospitals we would say that the cost of maintenance is less than in those of any other state, except perhaps Illinois.

In one county an "asylum," so called, was built in 1870. It was but a prison to which the insane were transferred from the poor house and kept in cells with strong wooden latticed fronts to admit light, air and warmth; and loose straw for a bed.

In 1882, a new county asylum was built and the insane in the old building were transferred to it.

In the report of the state board for 1883, the work done there is thus related:

"A very remarkable work has been done in teaching filthy insane cleanly habits. Ten women and three men who with others had been confined in the little 'crazy houses' back of the poor house for periods ranging from ten to twenty-three years, and who were thought hopelessly filthy, so much so, that they were kept on straw and fed on tin plates with spoons and tin cups, were entirely cured of their filthy habits by being treated like human beings and trained just as a mother trains her child. They now sleep in good beds, wear good clothes with collars and neck ties, eat at the table from good crockery ware with knives and forks, and seem to have been entirely broken of their filthy habits. Much praise is due to the matron as well as others for this great success."

The board, we think wisely, limited the capacity of the buildings erected to a maximum number of one hundred, believing that fifty of each sex was as large a number as the superintendent and matron could individually train and

educate. (Our county asylums are in a sense schools for the education of the patients.) Indeed the great merit of the "Wisconsin system," so-called, lies in the small number of inmates. The chronic insane are, like children, susceptible to impressions by individual attention. They can be re-educated in any trade or occupation they ever practiced, and in some cases they can learn new occupations.

It is required that each case shall be studied and experimented with until some mental faculty is excited into activity, and some dormant energy awakened; and I want to say here, that most remarkable results have followed this treatment by personal, individual attention. It is found that few of these insane are so demented that they cannot be improved. The filthy are taught to be neat, and the excited are calmed into quietude.

#### PROGRESS.

The progress made during six years from barbarism to an enlightened civilization has been slow but steadily onward. The obstacles have been many and at times quite serious.

First, the "*scientific*" experts were in deadly opposition to any departure from their pet theories. Said one of them in an official report to his board of trustees:

"The erection of separate institutions especially for the care of chronic insane, is objectionable on many grounds which it is not necessary to repeat here, but when persons are thus treated in groups or classes the individuals themselves are lost sight of, an unhealthy moral atmosphere is created, a sort of mental epidemic induced where delusion and debility and extravagant insane ideas are propagated from individual to individual, and the intellect is enfeebled and dwarfed by monotonous routine and subjection, and when to these evils we superadd the double stigma of *pauperism* and inability, all hope is extinguished in the breast of the patient, his self-respect is impaired, and his irretrievable degeneration secured. Truly over the gateway of such an institution should Dante's inscription to the portals of hell be written: "All hope abandon ye who enter here."

The writer of the quotation given was a member of the

"association" heretofore referred to, and as superintendent of one of our state institutions had the care of 559 insane men and women. He was quite the equal of the average of the members of the "association" in the possession of scientific ability and managed his hospital as well all others throughout the United States were managed, for he did it according to the "rules."

And yet what were the facts shown in his hospital. About ten per cent. of the patients were enduring some kind of physical restraint, such as camisoles, hand-cuffs, restraining chairs, crib beds, or in the strong room. In addition, more than ten per cent. were restrained by drugs, opiates, etc., while about one-fourth were fed in the wards on tin plates, tin basins, and without knives and forks.

Some of the wards were veritable "bedlams," and discharged patients have told of *abuses* practiced in them of which the mere recital causes a shudder.

Another gentleman, most learned in the pathology of nervous diseases, published his views at considerable length, in which he declared, "Without fear of contradiction, that the care of the insane is preeminently a specialty, and that no one is fit to have charge of an institution for the insane, however small the number of inmates, unless he has had some special training and experience in the care of that class of persons."

He proved conclusively (to his own mind) that State provision was more economical than county care could be.

He said, also: "I venture the prediction that within a few years the counties of this State that are now (Feb. 3, 1883), building county asylums, will conclude that the money that they expended upon them, has been needlessly squandered, and they will be glad to abandon the county system and have the State take charge of their insane," and closed with a mournful refrain over the horrors of the "Bedlams" that would be created—"synonyms for inefficiency and neglect," etc., etc.

The State Board of Charities paid little attention to these diatribes from the specialists in our own state, but quietly worked out the problem of county care. The members were

fully impressed that the new system [could not make matters any worse for the hundreds of insane in the county jails and poor-houses, and they were also thoroughly satisfied that the care in county institutions would not be more neglectful, and we might truly say barbarous than was practiced in the state institutions.

The real battle, however, was fought in the sessions of the National Conference of Charities and Corrections, where the system was attacked with gladiatorial skill by the experts and specialists.

The results of six years have demonstrated the value of the system of "county care" of the chronic insane.

The facts shown in each and every county where the system has been adopted, and is in operation, silence all criticism and commend it as the most humane as well as economical ever devised.

That great bugbear, "the stinginess of county boards," proves not to be the frightful spectre so long held up in the picture of squalor, neglect and misery, resulting in a failure to make needed appropriations to provide necessary comforts for the poor defectives; since the tax-payers of the county see for themselves the content and happiness with the freedom their insane relatives and friends enjoy, and cheerfully vote all the money needed. These same county boards frequently vote more money than we ask for purposes recommended.

I close with some remarks on insanity in general with illustrations of the peculiarities of some of the insane. For the ideas advanced I am greatly indebted to Dr. Hammond's work on Insanity. He starts from the point that all normal mental phenomena are the results of the action of a healthy brain, and all abnormal manifestations are the result of the 'functionation' of a diseased or decayed brain."

In other words if the brain is healthy the result is sanity, if unhealthy, then insanity. This is the medical definition and draws the dividing line sharply, between sanity and insanity and with great exactness.

The law establishes an arbitrary and unscientific line, in

one place to-day, in another place to-morrow, in one state in one place and in another state somewhere else, depending on the will of the legislature or the courts. In common language we would define insanity as a disturbance of the mental balance or equilibrium and yet it does not follow that all mentally diseased persons should be confined in asylums.

An illusion is a false perception of a real impression on the senses, or of a sensorial impression wrongly interpreted. Mistaking a rolling ball for a rat or mouse, is an illusion.

A hallucination is a false perception without any material basis. Seeing pictures on a blank wall where no pictures exist is an instance.

Illusions do not always indicate brain disease, but hallucinations do indicate brain disease and are a common phenomena of insanity.

Hallucinations and illusions may exist and the individual be perfectly sensible that they are not real. In such cases, the intelligence is not involved. But if he accepts his false perceptions as facts, his intellect participates and he has delusions. A delusion, then, may be based on a hallucination or illusion. It may also result from false reasoning with regard to real occurrences, or be evolved out of the intellect spontaneously, as the result of imperfect information.

Delusions are not a test of insanity, as many physicians and most lawyers believe. If they were, one-half the world would be trying to put the other half in lunatic hospitals, and most "cranks" would be in the wards of our asylums. They may be present without co-existent insanity, and many cases of mental aberration run their courses without them.

Beliefs in matters of faith, however, ridiculous they may be are not necessarily proofs that the individual holding them is insane.

A believer in "spiritualism" or "Christian science" may be perfectly sane, for the belief is one not capable of proof or disproof. It is a part of the mentality of all such believers.

At one time in the world's history, men saw devils and

demons of various kinds, or thought they saw them, and thought they suffered from their torments. These ideas are religiously held to-day by a good many otherwise sensible people.

Such a belief is a delusion and probably nine-tenths of those who hear me agree in so regarding it, but it certainly would not be safe to consider every one holding such a creed as insane.

The number who accept such a creed is daily becoming smaller and eventually the time will come when, from a change in the modes of thought due to progressive enlightenment, an educated person believing that there are evil spirits commissioned by a sovereign or personal devil to afflict mankind with various ills will be regarded as a lunatic. The acceptance of such a belief will be considered as showing the existence of a state of mind incompatible with the healthy condition of the brain.

At the present day the brain of man has not acquired such an advanced state of development as to enable us to declare that a belief of the kind mentioned, is any indication of the presence of disease, however much it may be evidence of deficient education and training.

Great misapprehension exists as to the essential nature of a delusion that should be taken as evidence of insanity.

The distinction between a belief founded on faith and one founded on fact is not always recognized. We are too apt to pronounce all insane who hold what we consider erroneous convictions, when in reality the matter in question is entirely beyond the pale of investigation, by the rules of evidence.

Incoherence is a characteristic of many of the insane. Some use words without proper relations to each other, and others express ideas without any logical arrangement, or incompletely. I will here give illustrations: two from Dr. Hammond. The first a letter:

In the NOAH, January 7, 1881.

*Dear Sir.*—I said he was in my own conscience that the book was confined. I quote the long time with excentricity in the common way. This is in memory to my upshot, which was incorrect in the final oblivion.



Dogs and money, consistency with foundlings without ante-bellum, which was in *statuo quo*.

This is passive in contiguity with the works; was in *statuo quo* in the creation of existence.

Very commingle,

In good faith,

J. S. W.

The patient who wrote it was a young man who broke down in trying to refute Darwin on the "Descent of Man."

Another from my own experience. In a visit to one of our county asylums a few months since, I met a lunatic whom I first saw about 25 years ago in our State Hospital. He called for some paper as he had a message for me to write down. When ready he dictated the following, which I wrote *verbatim*:

"I am in the Heo and they are in the Sheo. Twenty-five million birds sing in the spiritual progression. I want the Heo and they want the Sheo I am on the square of the ridge pole, which is the square in the nail and its sine is the cube of its understanding on the Universe. The check of the sine is 6 m., which means Northern Hospital."

"Delirium is that condition in which there are illusions hallucinations and incoherence together. The derivation of the word *de*, out of, and *lira*, a rut or furrow, indicate the idea entertained by the ancients of the essential nature of the condition in question. There may be delirium without insanity, as when caused by starvation, use of intoxicants, etc.

The delirium of insanity is most common in the first stages of acute-mania, and partakes more or less of the character manifested in the normal condition of the patient.

If musically inclined, hours will be spent at the piano, or some other musical instrument, or singing at the top of the voice; poetic in the making of rhymes.

Dr. Hammond relates the case of a clergyman who from the first symptoms of insanity began to speak in rhyme.

He even went so far as to prepare a sermon in rhyme and was with difficulty prevented from preaching it.

A few lines are here given from this production:

"I see before me many a face  
 That but for God Almighty's grace  
 Would sink into the depths of hell  
 And there in endless torment dwell.  
 You sit regardless of your fate,  
 Perhaps you'll stay till its too late  
 To save your weak and sinful souls  
 From the lake that in fire and sulphur rolls.  
 The devil and all his fiends are there,  
 Waiting to seize you by the hair,  
 To drag you down to the deepest pit,  
 And keep you there by God's permit."

And so on for thirty pages.

"Whatever we may think of the poetry of this sermon, its orthodoxy is unquestionable," writes Dr. Hammond.

When this clergyman called on the doctor to consult him, he reached out his hand and said:

"Good morning Dr. Hammond, I hope you are well,  
 I've come a long distance my story to tell,  
 They say I'm insane, but that's an inanity,  
 I've a rhyming inspiration, but that's not insanity."

I shall close with a few practical suggestions drawn from our experience of the last few years.

We have laid great stress upon occupation and non-restraint in the care and treatment of the chronic insane. These serve one important purpose, and in that their great efficacy consists, viz., *to divert the mind* from its illusions, hallucinations and delusions. Herein lies the great merit of the "Wisconsin system" of county care for the chronic insane.

Change the current of thought from their wild imaginings and brooding phantasies to other channels, by awakening into activity other mental faculties grown dormant by disuse.

May not the philosophy of the curability of insanity be found here. We shall see.

## COMPARATIVE COST OF LARGE AND SMALL INSTITUTIONS.

As an appendix to Mr. Giles' paper, the following table is added, showing the comparative cost of large and small institutions in Wisconsin, for the year 1886, the last year for which reports have been published.

The total cost of maintenance is given, and also the three largest items respectively.

LARGE INSTITUTIONS.	Av. No. of inmates.	Salaries and wages.	Subsistence.	Fuel	Total cost.
State Hospital.....	523	\$57	\$69	\$22	\$175
Northern Hospital... ..	637	50	66	18	166
Milwaukee Co. Asylum.....	304	72	61	35	210
Average of large institutions		<u>\$57</u>	<u>\$63</u>	<u>\$33</u>	<u>\$179</u>

SMALL INSTITUTIONS.					
Brown Co. Asylum.....	65	\$29	\$38	\$7	\$97
Columbia Co. Asylum.....	45	32	29	3	66
Dane Co. Asylum.....	107	28	26	11	87
Dodge Co. Asylum .....	99	30	14	10	100
Fond du Lac Co. Asylum.....	32	35	32	12	104
Grant Co. Asylum.....	73	24	49	..	94
Green Co. Asylum.....	42	26	25	11	73
Jefferson Co. Asylum.....	74	29	27	15	78
Manitowoc Co. Asylum.....	72	31	41	9	100
Rock Co. Asylum .....	73	32	33	12	111
Sheboygan Co. Asylum.....	73	34	40	14	109
Walworth Co. Asylum .....	56	19	9	5	41
Winnebago Co. Asylum ... ..	68	27	17	6	69
Average of small institutions.		<u>\$29</u>	<u>\$30</u>	<u>\$9</u>	<u>\$88</u>



